The Commonwealth of Massachusetts
Bureau of Health Professions Licensure
Board of Registration in Dentistry
250 Washington Street
Boston, MA 02108
(617) 973-0971
www.mass.gov/dph/dentalboard

Instructions for Permit L
Administration of Local Anesthesia by Dental Hygienists
(See 234 CMR 6.16 Effective August 20, 2010)

This application should only be submitted after determining that the requirements in 234 CMR 6.16 Administration of Local Anesthesia by a Dental Hygienist have been met.

Please Note: Completion of the training program for the administration of local anesthesia shall be no earlier than two years before submission of the application for Permit L, unless applying by credentials.

- **Initial Application for Permit L (By Examination)**

  Educational and Training Qualifications:
  - Successful completion of a training program or course of study in a formal program in the administration of local anesthesia in accordance with 234 CMR 6.16 (4) and accredited by the American Dental Association; and
  - Successful completion of a written examination in the administration of local anesthesia administered by the Northeast Regional Board of Dental Examiners (NERB)

- **Application for Permit L (By Credentials--If you have administered local anesthesia in another jurisdiction, you may be eligible for a permit by credentials)**

  Educational and Training Qualifications:
  - Proof of successful completion of a training program or course of study in a formal program in the administration of local anesthesia in accordance with 234 CMR 6.16 (4) and accredited by the American Dental Association
  - Proof of successful completion of a written examination in the administration of local anesthesia administered by another jurisdiction.
  - Letter from the dentist who directly supervised you attesting to your experience in administering local anesthesia within the previous two years.

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BOARD USE ONLY

Receipt # _____

Fee _____

APPLICATION FOR ADMINISTRATION OF LOCAL ANESTHESIA BY DENTAL HYGIENISTS

1. **NAME:** _____ **MA DH LIC #:** _____
LAST NAME FIRST NAME MI

2. **ADDRESS OF RECORD:** _____
STREET CITY STATE ZIP CODE

_____

Note: The address of record can be home or business and is public information.

3. **PHONE NUMBER AND EMAIL ADDRESS:** DAY: _____ CELL: _____

EMAIL: _____

4. **NAME OF ANESTHESIA TRAINING PROGRAM** _____

DATE COMPLETED _____ **NUMBER OF COURSE HOURS** _____
MM/DD/YYYY

5. **QUALIFYING ANESTHESIA EXAM** _____ **EXAM DATE** _____
MM/DD/YYYY

6. **DOCUMENTATION OF BLS: EXPIRATION DATE** _____
MM/DD/YYYY

7. **IF APPLYING BY CREDENTIALS:** PLEASE HAVE THE DENTIST WHO DIRECTLY SUPERVISED SIGN BELOW ATTESTING TO YOUR EXPERIENCE IN ADMINISTERING LOCAL ANESTHESIA WITHIN THE PREVIOUS TWO YEARS.

I HAVE DIRECTLY SUPERVISED THE APPLICANT _____ AND ATTEST THAT HE/SHE CAN SUCESSFULLY AND SAFELY ADMINISTER LOCAL ANESTHESIA.

_____ _____ _____ _____
PRINT NAME SIGN NAME MM/DD/YYYY STATE LIC. #

Permit L Application Attachments

Attachment A: A personal or business check or money order in the amount of $30.00 made payable to the Commonwealth of Massachusetts. Fee is nonrefundable and nontransferable. Please do not staple to application.
Attachment B: Proof of current Basic Life Support (BLS) certification;
Attachment C. Proof of successful completion of a training program or course of study in a formal program in the administration of local anesthesia in accordance with 234 CMR 6.16 (4) and accredited by the American Dental Association; and
Attachment D: Proof of successful completion of a written examination in the administration of local anesthesia administered by the Northeast Regional Board of Dental Examiners (NERB)
Attachment E: If applicable, letter from the dentist who directly supervised you attesting to your experience in administering local anesthesia within the previous two years.

APPLICANT ATTESTATION FOR PERMIT L

I _____ HEREBY CERTIFY,
Print Full Name of Applicant

UNDER THE PAINS AND PENALTIES OF PERJURY, THAT:

- **ALL INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE AND TRUE;**
- **I HAVE READ AND UNDERSTOOD THE STANDARDS AND REQUIREMENTS FOR THE ADMINISTRATION OF LOCAL ANESTHESIA AS PROMULGATED BY THE BOARD ON AUGUST 20, 2010 AT 234.CMR 6.16, INCLUDING, BUT NOT LIMITED TO, THE REQUIREMENTS OF THIS PERMIT FOR:**
  - **ADMINISTERING LOCAL ANESTHESIA ONLY UNDER THE DIRECT SUPERVISION OF A LICENSED DENTIST AT 234 CMR 6.16 (1)**
  - **APPLICATION FOR PERMIT L BY EXAMINATION OR CREDENTIALS AT 234 CMR 6.16(2) AND (3)**
  - **REQUIREMENTS FOR COURSE OF STUDY FOR PERMIT L AT 234 CMR 6.16 (4)**
  - **RECORDING OF ANESTHESIA REQUIRED AT 234 CMR 6.16 (6)**
- **I AM CURRENTLY, AND WILL CONTINUE TO BE, IN COMPLIANCE WITH ALL STATUTES, RULES, AND REGULATIONS PERTAINING TO THE PRACTICE OF DENTAL HYGIENE IN THE COMMONWEALTH OF MASSACHUSETTS AS REQUIRED BY LAW.**

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGN AND SEND THIS APPLICATION AND ALL REQUIRED ATTACHMENTS TO:

THE MASSACHUSETTS BOARD OF REGISTRATION IN DENTISTRY

250 WASHINGTON STREET, BOSTON, MA 02108

KEEP A COPY OF THIS APPLICATION AND ALL ATTACHMENTS FOR YOUR RECORDS